Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	art II Basic Plan Information—enter all requested informa	,			
	Name of plan			1b	Three-digit
	T HILL PLAZA RETIREMENT PLAN				plan number
				_	(PN) ▶
		1C	Effective date of plan 01/01/2008		
2a	Plan sponsor's name and address (employer, if for single-employer)	plan)		2b	Employer Identification Number
	T HILL PLAZA CONDOMINIUM ASSOCIATION	ρ.ω,			(EIN) 91-1219017
1201	SPRING ST.			2c	Plan sponsor's telephone number 206-325-2923
	TTLE, WA 98104				Business code (see instructions)
				24	813000
3a	Plan administrator's name and address (if same as Plan sponsor, er	ter "Same	e")	3b	Administrator's EIN
FIRS	T HILL PLAZA CONDOMINIUM ASSOCIATION 1301 SPRING SEATTLE, W.			30	91-1219017
				30	Administrator's telephone number 206-325-2923
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DN
5a	Total number of participants at the beginning of the plan year				10
b	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year			5a 5b	10
C				ac	10
	complete this item)		•	5c	9
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No
b	. ,				X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo				
Pa	rrt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	4233	32	66444
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	4233	32	66444
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0-44	768	4	
	(1) Employers	8a(1)	933		
	(2) Participants	8a(2)		_	
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	709	16	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			24112
d	Benefits paid (including direct rollovers and insurance premiums	60			
-	to provide benefits)	8d		_	
е	Certain deemed and/or corrective distributions (see instructions)	8e		_	
f	Administrative service providers (salaries, fees, commissions)	8f		_	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			
į	Net income (loss) (subtract line 8h from line 8c)	8i			24112
j	Transfers to (from) the plan (see instructions)	8j			

Form 5500-SF 2010 Page 2-	
Part IV Plan Characteristics	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D

D	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chai	acteris	tic Cod	des in	the instru	uctions		
art	٧	Compliance Questions							
0	Dui	ring the plan year:		Yes	No		Am	ount	
а		is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X				2	500000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	· · · · · · · · · · · · · · · · ·								622
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance	1	ı		,			
1	ls th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and coi					[Yes	No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0 01 00	ollon	, o <u>_</u> o .	21110711			ш
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions	, and e	nter th	ne date c	f the le	tter ruli	ng
16 .	-	nting the waiver			Day		_ Yea	ır	
		er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year		1	12c				
		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef							
	neg	ative amount)		<u> </u>	12d				1
		the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets						1	127
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough he PBGC?	under	the co	ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ch assets or liabilities were transferred. (See instructions.)	the pla	n(s) to					
1	13c(1) Name of plan(s):				c(2) El	N(s)		13c(3)	PN(s)
>		A namely for the late on incomplete filling of this natural will be account.			4-1	liahar d			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re					icable	0 Sobo	dulc
SB o	· Sch	naities of perjury and other penalties set forth in the instructions, I declare that I have examined this return nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.							
SIGI	J	Filed with authorized/valid electronic signature. 02/25/2011 JERRY RINGER	IBERG	;					

SIGN	Filed with authorized/valid electronic signature.	02/25/2011	JERRY RINGENBERG
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Lebor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

		dentification Information							
For	or calendar plan year 2010 or fiscal plan year beginning and ending								
A ·	This return/report is for:	X single-employer plan	multiple-employer plan (not multiemployer) one-participant plan						
В.	This return/report is for:	first return/report	final return/report						
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension	50	DFVC program			
	AND PROPERTY OF SECURIOR AND PROPERTY OF SECURIOR SECURIO								
Pa	rt II Basic Plan Info	rmation—enter all requested inform	alion	******		100			
1a	Name of plan		1b	Three-digit					
FIRS	FIRST HILL PLAZA RETIREMENT PLAN					plan number			
						(PN) DO1			
				500 V 200 V	1c	Effective date of plan 01/01/2008			
		fress (employer, if for single-employer	plan)		2b	Employer Identification Number			
FIRS	T HILL PLAZA CONDOMINIU	IN ASSOCIATION				(EIN) 91-1219017			
1301	SPRING ST.				2C	Plan sponsor's telephone number 206-325-2923			
SEA	TTLE WA 98104				2d	Business code (see instructions)			
20	Dian administratorio accordo	de del company				813000			
SAM	E E	d address (if same as Plan sponsor, e	nter "Same	?")		Administrator's EIN 91-1219017			
4.						Administrator's telephone number 206-325-2923			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name			4b	EIN					
	30 160 C 10 500000000				4c	PN			
5a	5a Total number of participants at the beginning of the plan year					10			
b	b Total number of participants at the end of the plan year			5a 5b	10				
С	200 West 20 M2 - 20 - 20 M2 W - 47 - 470 M2				5c	9			
6a	Were all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions)		The state of the s			
b	Are you claiming a waiver of	the annual examination and report of a	an indenen	ident qualified public accountant (IOI	140				
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility a	and conditi	ons.)		X Yes No			
Pa	rt III Financial Inforn	ther 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	0.				
2010	W1	lation	Г -		277-600-				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
a				42332		66444			
b									
		7b from line 7a)	7c	42332		66444			
8	Income, Expenses, and Tran Contributions received or rec		<u></u>	(a) Amount		(b) Total			
а		elvable from:	. 8a(1)	7684					
				9332	1				
		s)			\dashv				
b				7096	┥				
С		, 8a(2), 8a(3), and 8b)				24112			
d	Benefits paid (including direc	t rollovers and insurance premiums				24112			
е		ctive distributions (see instructions)			۲ ا				
f		ers (salaries, fees, commissions)			1				
g				** **********************************					
h		, 8e, 8f, and 8g)			-				
i		ne 8h from line 8c)			-	94449			
j		see instructions)			-	24112			
For F		nd OMB Control Numbers, see the instruction		5500-SE		Form FEDA OF (0040)			

Page 2-	1	

Form		

1,000			
Dart IV	Plan	Charac	tarietice

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	T			11 - 12 - 11 - 11 - 11 - 11 - 11 - 11 -							
Part		Compliance Questions							-		
10		ng the plan year:				Yes	No	А	mount		
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		х				250
b		e there any nonexempt transactions with any party-in-interest? (Done 10a.)			10b		х	69-200-			
С	Was the plan covered by a fidelity bond?					Х		-	5	25000	ממר
d	* CONTROL 12 * 15 * 10 * 10 * 10 * 10 * 10 * 10 * 10						х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)					х)	622
f	Has	the plan failed to provide any benefit when due under the plan?		*******	10f		Х	30.00			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Х		-8100-1100-		
h		s is an individual account plan, was there a blackout period? (See			10h		х	- 10000 110000			*
i	If 10	h was answered "Yes," check the box if you either provided the respitions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	10i			*****	7		
Part	VI	Pension Funding Compliance									
11	ls thi	s a defined benefit plan subject to minimum funding requirements							☐ Yes	П	No
12		is a defined contribution plan subject to the minimum funding requ							☐ Yes	X	No
£2.0=50		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							ш	ш	110000
а		vaiver of the minimum funding standard for a prior year is being a		year, see instruc	ctions	and e	enter th	e date of the	e letter ru	ilina	
	gran	ting the waiver		Mon	ith		Day		ear		_
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule Mi	3 (Form 5500), and	skip to line 13.		-					
b	Ente	r the minimum required contribution for this plan year			•••••		12b				
С		r the amount contributed by the employer to the plan for this plan	•				12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the ative amount)				[12d				
e	Will	the minimum funding amount reported on line 12d be met by the f	unding deadline?			*******	*****	Yes	No	۱	N/A
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	?					Yes	X	No
	If "Ye	es," enter the amount of any plan assets that reverted to the empl	oyer this year	*********	•••••		13a				
b		e all the plan assets distributed to participants or beneficiaries, tra							Yes	X	No
С		ring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify t	he pla	ın(s) lo	3	W-2000	_		
	13c(1)	Name of plan(s):				13	lc(2) El	N(s)	13c(3) PN	(s)
									W. 1885		
-					-				-		
-		A penalty for the late or incomplete filing of this return/report			The second second			DESCRIPTION OF THE PARTY OF THE			
SB	or Sch	nalties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	s the electronic vers	on of this return	/repor	t, and	ncludin lo the l	g, if applicat best of my k	ile, a Sci nowledge	nedu e and	ie i
SIG	N	yeur Rings bens	12/23/29	JERRY RINGE	NBEF	RG	10.00				
HER		Signature of plan administrator	Date	Enter name of i			ning a	s plan admir	istrator		
SIG	- 7-		12.5								
HEF	~=	Signature of employer/plan sponsor	Date	Enter name of i	individ	ual sir	nino a	s employer (r nlan er)OPE	nr.
_	Olympia of employen plan sponsor						7. m.y a	- Simpleyer	· high p	A0119	J1